

## In the United States Patent and Trademark Office

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Assistant Commissioner for Patents			TO.
Washington, District of Columbia 20231			
Sir			⇒ į
Please file the following enclosed patent application papers.			8 8
Applicant #1, Name. DAVID 5. GILBA	ERT, JR.		<u> </u>
Applicant #2, Name	· ·	<del></del>	
Title. SUDE LOCK WREN	ICH"		
Specification, Claims and Abstract. Nr of Sheets	——————————————————————————————————————		
Declaration: Date Signed: 3-15-2001			
Drawing(s). Nr of Sheets Enc Formal: Informal:			
Small Entity Declaration of Inventor(s)	Non-Inventor / Assignee / Licensee	;	
Assignment enclosed with cover sheet and recordal fee; please re	ecord and return.		
☐ Check for \$ 355 for			
for filing fee (not more than thr	ee independent claims and twenty t	intal claim	s are presented)
		.ota: otaliii	s are presented;
additional if Assignment is end			
Information Disclosure Statement, Form PTO-1449, and listed re	eferences.		
☐ Disclosure Document Program reference letter			
☐ Pursuant to 35 U.S.C. §119(e)(ı), applicant(s) claim priority of P	rovisional Patent Application Ser. N	Vr. 60/	190436
filed 3-17-2000  Return Receipt Postcard Addressed to Applicant #1.			
Request Under MPEP § 707.07(j): The undersigned, a pro-	se applicant, respectfully requests t	that if the E	Examiner finds
patentable subject matter disclosed in this application, but feels			
Examiner draft one or more allowable claims for applicant			
Very respectfully,			
Marriel S. Lillust for Applicant #1 Signature	Applicant #2 Signature		****
	Aphoditi at olgadicio		
I/O ROCK RUN ROAD Address (Send Correspondence Here)	Address	<del></del>	
EKIZABETH, PA 15037-235	<i>-</i> 0		
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Box Patent Application
Assistant Commissioner for Patents
Washington, District of Columbia 20231

## Fee Transmittal

	ned Applicant <u>BAVID 5. GIABERT</u>		
Total Pay	ment Enclosed (From Calculation Below): \$ 355	Check	☐ Money Order
Sir:			
Enclosed	is the following small entity filing fee for the above patent applicatio	n:	
Fee Cod	e Fee Description		Fee (\$)
214	Provisional Pat. Appn. Filing Fee		
201	Basic Utility Appn. Filing Fee		\$ 355.00
206	Basic Design Appn. Filing Fee		
	Subtotal (1)		**************************************
203	Total Claims: $-20 = $ ; X	· · · · · · · · · · · · · · · · · · ·	<del>=</del>
202	Tot. Indep. Claims	_ (fee for each indep. claim over 3)	=
	Subtotal (2)		\$ 355.00
Total Pa	yment Enclosed [Sum of Subtotals (1) and (2)]		
Very resp Signature	ectfully,  and S. Shilbert St.  of First-Named Applicant	_	
Print Nam	e of First-Named Applicant	—	
Address		_	
		_	

## Declaration for Utility or Design Patent Application

As a below-named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name and that I believe that I am the original, first, and sole inventor [if only one name is listed below] or an original, first, and joint inventor [if plural names are listed below] of the subject matter which is claimed and for which a patent is sought on the invention, the specification of which is attached hereto and which has the following title:

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thave reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to in the oath or declaration. I acknowledge a duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, Section 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Please send correspondence and make telephone calls to the First Inventor below

Signature: Sole/First Inventor: Marind S. Shillhert Jr.	
Print Name DAVID 5. GILBERT SR.	
	_ Citizen of: <u>USA</u>
Post Office Address. ENIZABETH PA 15037 -	2350
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Signature: Joint/Second Inventor	
Print Name:	Date:
Legal Residence *	_ Citizen of
Post Office Address:	
Telephone:	

<sup>\*</sup> City and state, county and state or city, state and country, if foreign